INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. 1000 Ca Address of Property TYPE OF PERMIT REQUESTED- VLAND USE Owner's Name Authorized Agent: * include donated time & **Shoreland** ₹ Existing Structure: (if permit being applied for is relevant to it) Proposed Construction: of Completion Value at Time とく 50,00 Residential Use Non-Shoreland PROJECT LOCATION SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Proposed Use material Commercial Use Section Municipal Use Owner(s): Planning ar PO Box 58 Bayfield County
Planning and Zoning Depart. (If there are Multip (715) 373-6138 Washburn, WI 54891 Sect 1/4, 2 mbors 5 Ö S S Legal Description: (Use Tax Statement) New Construction $\hfill\Box$ is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes— Conversion Relocate (exis Property Run a Business on Addition/Alteration , Township 1/4 Project 7 cation on behalf of Owner(s)) listed on the Deed $\underline{\mathbf{All}}$ Owners must sign $\underline{\mathbf{or}}$ letter(s) of authorization must accompany this application) Principal Structure (first structure o Residence (i.e. cabin, hunting shack, with Loft 47 N, Range Mobile Home (manufactured date) Special Use: (explain) Accessory Building Addition/Alteration Bunkhouse w/ (☐ sanitary, or Conditional Use: (explain) Accessory Building Addition/Alteration (specify) Gov't Lot Ö 8: しつ # of Stories and/or basement with Attached Garage with a Deck with (2nd) Porch with a Porch with (2nd) Deck 2-Story No Basement Basement 1-Story + Loft Foundation Lot(s) ∞ SANITARY APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN 7\$5 8 17 0 S 80 NSIDE Date Homp (Received) [E (specify) PIN: (23 digits) Mailing Addr ≨ ity/State/Zip: intractor Phone: ⊪sey ⅓ SS If yes---continue Bayfield Co. Proposed Structure S \mathcal{C} \Box Length: → Seasonal Length: (incl. Intermittent) PRIVY sleeping quarters, continue y Year Round <u>ŏ</u> +524CS Town of: <u>r</u> Use 07 2016 property) & Page 202 Zoning Dept (specify) رو CONDITIONAL USE City/State/Zip: بري Agent Mailing Address (include City/State/Zip): LAKE ICE Distance Structure is from Shoreline : feet Distance Structure is from Shoreline: N 므 bedrooms 7 None ພ Lot(s) No. rea Q, cooking & food prep facilities) 80 Jamata Width: Width: 31-303-Block(s) No Municipal/City (New) Sanitary Portable (w/service contract) None Compost Toilet Sanitary (Exists) Specify Type:

Privy (Pit) or | Vaulted (min 200 gallon) 00, SPECIAL USE Date: Refund: i / ocoRecorded Document: (i.e. Property Amount Paid: デル Sewer/Sanitary System
Is on the property? rmit #: (8) (C) (C) Volume 1038 Subdivision: What Type of Lot Size Specify Type: 7 Dimensions Is Property in Floodplain Zone? в.о.А. \$350 1 $\times | \times$ Ž ☐ Yes \times × 0.80% 16-0339 Height: Height: 2 5 Attached Cell Phone: Telephone Written Authorization Plumber Phone Page(s) 689 Acreage 4 \d \d \d OTHER_ □ No 14 Are Wetlands 88 % 768 Present?
□ Yes Footage 020 Base Square Ş S Well Water nership) CH CH 9.48

Authorized Agent:

(If you are signing on

behalf of the

owner(s) a letter of authorization must accompany this application)

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Address to send permit

e the same of the	See Da	Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
	DRAWING	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

		E00+	'n	Sethack to Privy (Portable, Composting)	
		Feet	20 F	Setback to Drain Field	r
υ'n	Setback to Well	Feet	0	Setback to Septic Tank or Holding Tank	
	Elevation of Floodplain	Feet	LAKZ F	Setback from the East Lot Line	
☐ Yes	20% Slope Area on property	Feet	Read F	Setback from the West Lot Line	
	Setback from Wetland	Feet	- V	Setback from the South Lot Line	
		Feet	- 2	Setback from the North Lot Line	
	Setback from the Bank or Bluff				
7 1 2	Setback from the River, Stream, Creek	Feet	285 F	Setback from the Established Right-of-Way	
K) 90	Setback from the Lake (ordinary high-water mark	Feet	3/8 F	Setback from the Centerline of Platted Road	
Measurement	Description		Measurement	Description	

Prior to the placement or construction of a structure within ten (10) feet of the milimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

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Hold For Sanitary:	Signature of Inspector:	condition(s):Town, Committee or Board Conditions Attached? I ves No-(IF No they need to be attached.) I we cerson upc permind should be about the 35 re-establish begetatione buffer Diffsize The 35 to a depth of 35-ft from the ottown.	POED MOVED INTO DOUBLY 4 2010 FILE MONGINERS AND MONGINERS AND Date of Inspection: 9-14-16 + 9-29-4 Inspected by: J CROP HONE VINE STATES	Was Propo	Granted by Variance (B.O.A.)	Is Parce Is Parcel in Is Struct	Permit #: /	Permit Denied (Date):	Issuance Information (County Use Only)
nitary: 🔨	f inspector:	De to	MOVE section: 6	ildi	Variance (B.	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	16-033	ed (Date):	nformati
The second secon	\mathbb{K}	nmittee or I	対象	Was Parcel Legally Created Yes ed Building Site Delineated Yes		ndard Lot wnership nforming	E	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	on (Coun
Bold For TBA:		STATE POINT	E SE	eated X	Case #:	Yes (De			ty Use Or
BA:	1	A Light Constitutions Attended		res □No		Yes (Deed of Record)			nv)
		condition(s): Town, Committee or Board Conditions Attached? Tres No-(If No they no he cersary UDC Permind Enacle las of the -establish registations bullen of Duts. To a depth of 35 ft from the offwam.	Inspected	,		Is Parcel a Sub-Standard Lot (Deed of Record) / - Sarcel in Common Ownership (Pused/Contiguous Lot(s)) Structure Non-Conforming (Pes (Pused/Contiguous Lot(s))	Permit Date:	Reason for Denial	Sanitary No
Hold For Affidavit:				in a contraction		\$1.5 \frac{1}{2}		Denial:	ımber:
davit:		No they ne	を表	Were	Previously Gra	Mitigatio Mitigatio	9-30-16		~ ho
		The The same		Property Lin	V Granted b	Mitigation Required Mitigation Attached			16445
Hold For Fees:		ondition(s):Town, Committee or Board Conditions Attached? Thes INO-(If No they need that attached! " Ownor We cerson upc portional should be about the 35.77+ view. The adaption 35.77+ view. The adaption 35.77+ view.	THEFTED SURVEY IS OUR DIFFERENCE WORKING THE	Were Property Lines Represented by Owner	Previously Granted by Variance (B.O.A.)	□ Yes			Sanitary Number: $\#oq-1644g$ # of bedrooms:
Es.		中の		Represented by Owner		ONO			oms:
	D	ا محمد المحمد	Zoning Lakes Date	XX	Case #:	Affidavi Affidavi	See In		Sanita
-	Date of Approval.	ا مولاد مامولاد	Zoning District () *Lakes Classification (2) *Date of Re-Inspection:	Yes Ma 214 W		Affidavit Attached Se	Z DEV VIE		iry Date:
	2 - 2 7	on Should	ning District (L-) kes Classification (2 (all) Cat ate of Re-Inspection:		T Dresse	3 3	tens on		Sanitary Date: 6 - 9-16
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